

Termination Statement
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Building Division
P.O. Box 30254
Lansing, MI 48909
517-241-9317
Authority: 1987 PA 96

Complete application and return to the address above.

Type of license being terminated: ☐ Community ☐ Retailer ☐ Installer/Service

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
LICENSE NUMBER	TERMINATION DATE	

This termination will be made in accordance with the requirements of Rule 407 and other related Manufactured Housing General Rules and the Mobile Home Commission Act, 1987 PA 96.

SIGNATURE	DATE
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